UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

AL MOSHIR,

Plaintiff,

-against-

NYC MAYOR, et al.,

Defendants.

23-CV-8003 (LTS)

ORDER DIRECTING PAYMENT OF FEE OR IFP APPLICATION

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff brings this action *pro se*. To proceed with a civil action in this Court, a plaintiff must either pay \$402.00 in fees – a \$350.00 filing fee plus a \$52.00 administrative fee – or, to request authorization to proceed *in forma pauperis* (IFP), that is, without prepayment of fees, submit a signed IFP application. *See* 28 U.S.C. §§ 1914, 1915.

Plaintiff submitted the complaint without the filing fees or an IFP application. Within thirty days of the date of this order, Plaintiff must either pay the \$402.00 in fees or submit the attached IFP application. If Plaintiff submits the IFP application, it should be labeled with docket number 23-CV-8003 (LTS). If the Court grants the IFP application, Plaintiff will be permitted to proceed without prepayment of fees. *See* 28 U.S.C. § 1915(a)(1).

No summons shall issue at this time. If Plaintiff complies with this order, the case shall be processed in accordance with the procedures of the Clerk's Office. If Plaintiff fails to comply with this order within the time allowed, the action will be dismissed.

Because Plaintiff did not provide a physical or email address to the court, the Clerk of Court is not be able to send this order to Plaintiff. Should Plaintiff appear in person at the court, the Clerk of Court is directed to provide Plaintiff with a copy of this order.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: September 14, 2023

New York, New York

/s/ Laura Taylor Swain LAURA TAYLOR SWAIN

Chief United States District Judge

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person must submit a separate application)) -against-		CV	()	()			
		(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)							
/£.									
(TU	Il name(s) of the defendant(s)/respondent(s))								
	APPLICATION TO PROCEED WITHO	OUT PREPAYING FEE	S OR CC)ST	5				
an	m a plaintiff/petitioner in this case and declare that I d I believe that I am entitled to the relief requested in oceed in forma pauperis (IFP) (without prepaying fees the:	this action. In support of th	is applicati	ion to)				
1.	Are you incarcerated?	☐ No (If "No," go	to Questio	n 2.)					
	I am being held at:								
	Do you receive any payment from this institution?	Yes No							
	Monthly amount:								
	If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.								
2.	Are you presently employed?	☐ No							
	If "yes," my employer's name and address are:								
	Gross monthly pay or wages:								
	If "no," what was your last date of employment?								
	Gross monthly wages at the time:								
3.	In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.								
	(a) Business, profession, or other self-employment (b) Rent payments, interest, or dividends	☐ Yes ☐ Yes		No No					

SDNY Rev: 8/5/2015

Telephone Number		E	E-mail Address (if a	vaila	ble)				
Ad	dress C	iity	Sta	te		Zip Code			
Na	me (Last, First, MI)	F	Prison Identificatio	n # (i	f incar	cerated)			
Dated		S	Signature						
	claration: I declare under penalty of per tement may result in a dismissal of my	, ,	above informat	ion i	is true	e. I unders	tand	that a	false
8.	Do you have any debts or financial ob and to whom they are payable:	ligations not o	described abov	e? If	so, d	escribe the	e amo	ounts o	owed
7.	List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):								
6.	Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:								
5.	Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:								
4.	How much money do you have in cas	sh or in a chec	king, savings, o	or in	mate	account?			
	If you answered "No" to all of the que	estions above,	explain how yo	ou a	re pa	ying your	expe	nses:	
	If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.								f
	(e) Gifts or inheritances(f) Any other public benefits (unemp food stamps, veteran's, etc.)(g) Any other sources	loyment, socia	al security,		Yes Yes Yes			No No No	
	(c) Pension, annuity, or life insurance (d) Disability or worker's compensat	1 0			Yes Yes			No No	
	(c) Pension annuity or life incurance	navmente			Voc			No	